

Radiography Observation/Work Experience Form

Please inform the clinical instructor or supervising technologist if there is any chance that you could be pregnant.

1. Applicant Name: _____ PeopleSoft#: _____

2. Areas applicant may observe: (please check all applicable categories).

_____ Basic Routine Radiography _____ Fluoroscopy

_____ Emergency Room

3. Amount of time devoted: _____

Dates(s) under supervision: _____

Radiography observation/work experience waived by: _____

4. Any additional comments you wish to make about the applicant:

Signature of Person Supervising Observation/Work Experience

Date

Signature of Applicant to the Program

Date

This form must be completed and returned by February 15 of the year in which you wish to enroll.

Please send this form to:

Bluegrass Community and Technical College
Office of Admissions
200 Oswald Building, 470 Cooper Drive
Lexington, Ky 40506-0235